



# APPLICATION FOR MOTOR VEHICLE BUSINESS LICENSE

State Form 13215 (R6 / 5-96)

Approved by State Board of Accounts, 1996

BUREAU OF MOTOR VEHICLE - DEALER SECTION, 6400 E. 30th Street, Indianapolis, IN 46219

## FOR BUREAU USE ONLY

I.D. number

License fee

This state agency is requesting disclosure of personal information / Social Security number that is necessary to accomplish the statutory purpose of this State agency according to 140 IAC 3-2.1-5. Disclosure of this information is MANDATORY. Failure to provide any information may prevent this form from being processed. Upon completion, this form will be treated as a PUBLIC RECORD.

1. Business name in which license will be issued		Telephone number																								
Business address (number and street, city, state and ZIP code)		County																								
If above is a rural location, please give direction to place of business																										
2. Name of insurance carrier	Policy number	Date of expiration (month, day, year)																								
3. Retail merchant's certificate number	4. Federal I.D. number or Social Security number																									
5. Indicate the type of license being applied for by marking an "x" in the appropriate block																										
<table><tr><td>A <input type="checkbox"/> Dealer</td><td>F <input type="checkbox"/> Distributor Branch</td><td>K <input type="checkbox"/> Automobile Auctioneer Branch</td></tr><tr><td>B <input type="checkbox"/> Manufacturer</td><td>G <input type="checkbox"/> Distributor Representative</td><td>G <input type="checkbox"/> Wholesale Dealer</td></tr><tr><td>C <input type="checkbox"/> Factory Branch</td><td>H <input type="checkbox"/> Automobile Auctioneer</td><td>H <input type="checkbox"/> Transfer Dealer</td></tr><tr><td>D <input type="checkbox"/> Factory Representative</td><td>I <input type="checkbox"/> Broker</td><td>I <input type="checkbox"/> Converter Manufacturer</td></tr><tr><td>E <input type="checkbox"/> Distributor</td><td>J <input type="checkbox"/> Dealer Branch</td><td></td></tr></table>			A <input type="checkbox"/> Dealer	F <input type="checkbox"/> Distributor Branch	K <input type="checkbox"/> Automobile Auctioneer Branch	B <input type="checkbox"/> Manufacturer	G <input type="checkbox"/> Distributor Representative	G <input type="checkbox"/> Wholesale Dealer	C <input type="checkbox"/> Factory Branch	H <input type="checkbox"/> Automobile Auctioneer	H <input type="checkbox"/> Transfer Dealer	D <input type="checkbox"/> Factory Representative	I <input type="checkbox"/> Broker	I <input type="checkbox"/> Converter Manufacturer	E <input type="checkbox"/> Distributor	J <input type="checkbox"/> Dealer Branch										
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6. If applying for a DEALER LICENSE - indicate the type of vehicles sold																										
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* Explain _____																										
7. Do you intend to purchase Dealer Plates? <input type="checkbox"/> Yes <input type="checkbox"/> No Enter current Dealer Number _____																										
8. How many vehicles do you expect to sell during the next twelve months? (wholesale) _____ (retail) _____																										
9. Number of full-time sales persons directly involved with selling _____ and number of all other full-time employees _____																										
If applying for a FACTORY REPRESENTATIVE or DISTRIBUTOR REPRESENTATIVE license - complete the following:																										
10. Name of employee		Telephone number																								
Address (number, and street, city, state and ZIP code)		( ) County																								

## TO BE COMPLETED BY LOCAL ZONING BOARD

I, the undersigned, verify compliance with local zoning ordinances or other local ordinances for conducting Motor Vehicle business at the address cited above.

Signature	Authorizing agency	Date (month, day, year)
Printed or typed name	Title	

11. Indicate Whether Applicant Is: 1. ☐ SOLE PROPRIETORSHIP, 2. ☐ PARTNERSHIP, 3. ☐ CORPORATION

12. List the Names, Titles, Home Addresses, and Home Telephone Numbers of All Owners, If Sole Proprietorship; All Partners, If Partnership; and All Officers and Directors, If Corporation:

NAME	TITLE	HOME ADDRESS	HOME TELEPHONE
			( )
			( )
			( )
			( )
			( )

13. State the Name and Address of the Person Upon Whom Legal Service of Process May Be Made:

Name	Address (Number and Street, City, State and ZIP code)
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14. If Corporation, Give the Date and State of Incorporation: 15. If Foreign Corporation, State the Date of Admission to Do Business In Indiana:

16. Has Any Owner, Partner, Officer, Director, or Agent of Applicant Had A Civil Judgement or Criminal Conviction Against Them For Any Violation of Any State or Federal Laws Concerning the Sale, Distribution, Financing, or Insuring of Motor Vehicles Within the Last Three Years? ☐ Yes ☐ No  
If Yes, Please Give Details: \_\_\_\_\_

17. Has Any Owner, Partner, Officer, Director or Agent of Applicant Had Dealer Plates Suspended or Revoked or Had An Application For Dealer Plates Rejected In This or Any Other State Within the Last Three Years? ☐ Yes ☐ No  
If Yes, Explain: \_\_\_\_\_

18. Has Any Owner, Partner, Officer or Director of Applicant Owned or Worked For Another Dealer In This or Any Other State Within the Last Three Years? ☐ Yes ☐ No  
If Yes, Give Name of Individual and Name and Address of Dealership. \_\_\_\_\_

Name of Individual	Name and Address of Dealership.
Name of Individual	Name and Address of Dealership.

19. Indicate Whether Your Established Place of Business Is Owned or Leased

20. Is This Location Devoted Solely to the Business of Buying, Selling, and/or Exchanging Motor Vehicles? ☐ Yes ☐ No

If No, Explain: \_\_\_\_\_

**PLEASE NOTE:**  
Every DEALER, MANUFACTURER, DISTRIBUTOR, FACTORY BRANCH, or DISTRIBUTOR BRANCH Must File With the Bureau of Motor Vehicles a Current Copy of Each Franchise to Which It Is a Party, or, if Multiple Franchises are Identical Except for Stated Items, a Copy of the Form Franchise With Supplemental Schedules of Variations From the Form.  
**ALL BOOKS, RECORDS AND FILES RELATING TO APPLICANTS INVENTORY AND MOTOR VEHICLE TITLES MUST BE KEPT AT THE ESTABLISHED PLACE OF BUSINESS AND BE AVAILABLE FOR INSPECTION.**  
**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I AM AUTHORIZED TO MAKE THIS APPLICATION AND THAT THE ANSWERS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.**

Date	Signature of Owner, Partner, or Officer
Title	Print or Type Name